

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-023680

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 116

FILED JUL 2 1962

## 1. PLACE OF DEATH

a. COUNTY

Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Mineral Twsp.

Length of stay in lb

3 Mo's

c. CITY  
OR TOWN

Joplin

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Elmhurst Convalescent Home

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

2120 Wall Street

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

FRINDA

Middle

CATHERINE

Last

WALSH

## 4. DATE OF DEATH

Month

June 21,

Day

1962

Year

## 5. SEX

F

## 6. COLOR OR RACE

W

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

3-8-1869

## 9. AGE (last birthday)

93

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired-Alteration Dept Mgr. at Richard's

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

Ashland, Iowa

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Henry Hoffman

## 13b. MOTHER'S MAIDEN NAME

Rebecca Shearer

## 14. NAME OF HUSBAND OR WIFE

Dec'd Patrick J. Walsh, 1917

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Nephew- George C. Richardson, 2120 Wall, Joplin, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Coronary Heart Disease

## INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

6-21-62

6-21-62

and last saw her alive on

6-21-62

## Death occurred at

3:30 pm

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

John E. Kelleher M.D.

## 22b. ADDRESS

Joplin, Mo.

## 22c. DATE SIGNED

6-22-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

6-23-1962

## 23c. NAME OF CEMETERY OR CREMATORY

MOUNT HOPE CEMETERY,

## 23d. LOCATION (City, town, or county)

WEBB CITY, MISSOURI

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

STEVE PARKER MORTUARY, JOPLIN, MISSOURI

## 25. DATE RECD. BY LOCAL REG.

6-25-62

## 26. REGISTRAR'S SIGNATURE

Mrs. Madeline Switzer

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

1 0490

2 0499

3 2

4 1

5 2

6

7 1

8 2

9 4200

10

11

12 86-0

13 1-0

JUL 17 1962

JUL 3 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Robert C. Lark

Licensed Embalmer No. 5193

P. O. Address Joplin, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.  
If this body is not embalmed, fact should be so stated above.